1										Αp	plication	n or E	ocket Nu	mber
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999											09		003	834
	CLAIMS AS FILED - PART I								SMAI	LL E	NTITY		OTHE	R THAN
(Column 1) (Column 2)  FOR NUMBER FILED NUMBER EXTRA							١.	TYP			OR		ENTITY	
	<del></del>		NUMBER FILED NUMBE				EXTHA		RATI	Ē ·	FEE	]	RATE	FEE
BASIC FEE			ومرزور الرسي القاب يوضي						مد عدد مد	ان	345.00	OR	. "	690.00
TOTAL CLAIMS			24	minu	s 20=	•	6		X\$ 9			OR	X\$18=	108
INI	DEPENDENT C	LAIMS	<i>3</i> minus 3 =			•			X39=	,		OR	X78=	/
MULTIPLE DEPENDENT CLAIM PRESENT								1	+130-	十		100		210
• 1	* If the difference in column 1 is less than zero, enter "0" in column 2											OR	+260=	260
	CLAIMS AS AMENDED - PART II										<u> </u>	JOR	TOTAL	000
·	·	(Coli	ımn 1)			(Column 2) (Column 3)			SMALL ENTITY			OR	OTHEF SMALL	
AMENDMENT A		CL REM AF AMEN			Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE.
	Total	.20		Minus	••	26	=		X\$ 9=			OR	X\$18=	7
AME	Independent	NTATIO	N OF MI	Minus	PENG	3 ENT CLAUM			X39=	1		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=			OR	+260=	
•									TOTA			ОЯ	TOTAL	
		(Colu	ımn 1)	•	(0	olumn 2)	(Column 3)	A	DDIT. FE	E		10.1	ADDIT. FEE	
Z U	•	CU	UMS UNING			HIGHEST NUMBER		Г		Т	ADDI-	1	· · · · · ·	ADDI-
		AF	TER DMENT		PF	EVIOUSLY PAID FOR	PRESENT EXTRA		RATE		IONAL FEE		RATE	TIONAL
	Total	·		Minus			=		X\$ 9=	T		OR	X\$18⇒	
	Independent	<u> </u>		Minus	***		<u> </u>		X39=	T			X78=	
	FIRST PRESE	NTATIO	N OF ML	ILTIPLE DE	PEND	ENT CLAIM		┢		╁		OR		
								L	+130=	L		OR	+260=	
	•									ĒL		OR ,	YOTAL ADDIT, FEE	
		(Colu			(C	olumn 2)	(Column 3)		_			-		
Ž		CLA REMA AFT AMENO	INING ER		PR	IGHEST LUMBER EVIOUSLY AID FOR	PRESENT EXTRA	ſ	RATE	TI	DDI- ONAL		RATE	ADDI- TIONAL
	Total	•		Minus			<b>a</b>	F	X\$ 9≈ ·	T	FEE	}	X\$18=	FEE
	Independent	•		Minus	•••		=	┢		╂-		OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X39=	L		OR	X78=	
• 10	the enter is set :-	- 4 2- t							130=			OR	+260=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT.												OR A	TOTAL DDIT. FEE	
11	he Highest Numb	ber Previo	usly Paid	For (Total o	rindep	endent) is the l	nighest number i	found	in the ap	pprop	xod etsh	in colu	mn 1.	

FORM PTO-875 (Rev. 12/99)